Department of Labor ice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. This report is mandatory under P.L. 86-257, as amended. Failure

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1. File Number U- 893 L

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

on 3 28 06 909 - 884 - 532
Telephone Number

1 /1 /2005 Through: 12/31 /2005

Name Richard Sievra Jr	Name Laborens Union 783				
	Labor Organization File Number 005-9139				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 104 West Benedict Rd	street 104 West. Benedict Rd.				
chy San Bernardino	city san Bernerdino				
State eclif ZIP Code + 4 92408	State Calif ZIP Code + 4 9.2408				
5. Position in labor organization. BUSINESS MANES	er/ secretary Theesurer				
Enter appropriate data below if, during the past fixeal year, you or your spouse or minor child directly or indirectly had any of the following interests (except so specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively saeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7 h Annual				
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Signature					

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic banefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in the policy of the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust)
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Construction Laborets Pension Trust. Trade Name, if any:	for LIUNA members
P.O. Box, Bidg., Room No., if any	
street 4399 Santa Avita Ave.	11.b. Approximate dollar value of such dealing. 1/186 2/1, 273,00
on El Monte	12.a. Nature of interest held or income received.
State CCI.F. ZIP Cods +4 G1731	Attended benefit confrence
	as part of continued education to fulfill fiductory
	responsibility as pension
	Trustec
	12.b. Amount. \$ 2635,00

 Name and address of Employer o (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of paymont.	
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State	ZIP Cods + 4		
13.b. is the Business an Employer	or Corsultent ?	14.b. Amount of payment.	



Hod Carriers
Construction
Production &
Maintenance
Laborers
Local 783
A.F.L.-C.I.O.

104 West Benedict Street San Bernardino, CA 92408 Telephone 909-884-5321 Facsimile 909-885-8802

Richard Sierra, Jr.
BUSINESS MANAGER/
SECRETARY TREASURER

Alton B. Alvarez
PRESIDENT
FIELD REPRESENTATIVE

Norberto Carlos

Lonnie Passmore RECORDING SECRETARY FIELD REPRESENTATIVE

Carlos Gomez FIELD REPRESENTATIVE ORGANIZER March 28, 2006

U.S. Dept of Labor Employee Standards Administrations Office of Labor Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM - 30 Filing for Richard Sierra, Jr. LU 783 File number U-8936.

Dear Sir or Macam:

Enclosed is my Labor Organization Officer and Employee Report LM -30 form for the 2005 reporting period, should you have any further questions please do not hesitate to contact me.

Sincerely,

Richard Sierra Jr.

Business Ma lager/ Secretary - Treasurer 783

BISHOP OFFICE: 287A Academy Street Bishop, CA 93514 Telphone 760-873-3382 To:l Free 1-888-397-6177